



## VICKSBURG ATHLETIC DEPARTMENT

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### Authorization for Athlete to be transported from an athletic competition with a parent and not by Vicksburg Community Schools transportation

**\*\*This form is to be filled out by a parent/guardian allowing their  
son/daughter to ride home in a private vehicle.**

\_\_\_\_\_  
(Date)

This is to certify that \_\_\_\_\_ has my permission to ride from the  
(Athlete's Name)

\_\_\_\_\_  
(Sport) athletic contest on \_\_\_\_\_ at \_\_\_\_\_  
(Date) (Location of Contest)

with \_\_\_\_\_  
(Driver's Name)

I understand the Vicksburg Community Schools Athletic Policy requires that an athlete ride the bus to and from all athletic events and a deviation from this requirement will release Vicksburg Community Schools from liability for any adverse results that may occur.

I agree to release Vicksburg Community Schools and its employees and officers from all liability with reference to the above stated transportation.

I also understand and accept that if the administration of Vicksburg Community Schools determines that this riding privilege has been abused, this privilege will be denied.

***This form must be on file in the Athletic Office prior to the dismissal of school on the day of the contest.***

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of VCS Administrator)

\_\_\_\_\_  
(Date)